

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 5

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
| 4 | | 3 | | 1 | | |
| 5 | | 3 | | 1 | | |
| 6 | | 3 | | 1 | | |
| 7 | (1) | | 1 | | | |
| 8 | (1) | | 1 | | | |
| 9 | (1) | | 1 | | | |
| 10 | 1 | | 1 | | | |
| 11 | (1) | | 1 | | | |
| 12 | 1 | | 1 | | | |
| 13 | 2 | | 1 | | | |
| 14 | 2 | | 1 | | | |
| 15 | 2 | | 1 | | | |
| 16 | 2 | | 1 | | | |
| 17 | (1) | | 1 | | | |
| 18 | (1) | | 1 | | | |
| 19 | (1) | | 1 | | | |
| 20 | (1) | | 1 | | | |
| 21 | (1) | | 1 | | | |
| 22 | (1) | | 1 | | | |
| 23 | (1) | | 1 | | | |
| 24 | (1) | | 1 | | | |
| 25 | 1 | | 1 | | | |
| 26 | 1 | | 1 | | | |
| 27 | 1 | | 1 | | | |
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| TOTAL IND. | 3 | | 3 | | | |
| TOTAL DEP. | 34 | ← | 24 | ← | | |
| TOTAL CLAIMS | 37 | [REDACTED] | 27 | [REDACTED] | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | ← | | | ← | |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | | [REDACTED] |